	t - City/Town of
Establishment	Date: 2 100 Page 1 of
Address: Halden St	Time in: 9":40 Time out:
Telephone: Permit No.:	Number of Violated Provisions Related
Owner: ( harrwell.	to Foodborne Illness Risk Factors and Interventions (Items 1 through 29).
Person-In-charge: Kouren / Kellye Yr	Number of Repeat Violations Related
Inspector: Mr. Weyo	to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
	ORS AND PUBLIC HEALTH INTERVENTIONS
	A = not applicable COS = corrected on-site during inspection R = repeat violation
Compliance Status IN OUT N/A N/O CO.	
Supervision	Protection from Contamination
Person-in-charge present, demonstrates	15 Food separated and protected
knowledge, and performs duties  Certified Food Protection Manager	Food-contact surfaces; cleaned &
Employee Health /	Proper disposition of returned,
Management, food employee and	17 previously served, reconditioned &
3 conditional employee; knowledge,	unsafe food
responsibilities and reporting	Time/Temperature Control for Safety
4 Proper use of restriction and exclusion	18 Proper cooking time & temperatures
5 Procedures for responding to vomiting and diarrheal events	19 Proper reheating procedures for hot holding
Good Hyglenic Practices	20 Proper cooling time and temperature
Proper eating, tasting, drinking, or	21 Proper hot holding temperature
tobacco use	22 Proper cold holding temporature
7 No discharge from eyes, nose, and	23 Proper date marking and disposition
mouth Preventing Contamination by Hands	24 Time as a Public Health Control
8 Hands clean & properly washed	Consumer Advisory
No bare hand contact with ready-to-eat food	Consumer advisory provided for raw / undercooked food
Adequate handwashing sinks properly	Highly Susceptible Populations  26 Pasteurized foods used; prohibited foods
supplied and accessible	not offered
Approved Source	Food/Color Additives and Toxic Substances
11 Food obtained from approved source 12 Food received at proper temperature	27 Food addltives: approved & properly
Food recolved in good condition, cafe &	used
unadulterated	Toxic substances properly identified, stored & used
Required records available: sheilstock	Conformance with Approved Procedures
tags, parasite destruction	Compliance with variance / specialized
	process / HACCP Plan
applicable sections of the 2013 FDA Food Code. This report, an order of the Board of Health. Fallure to correct violations cestabilishment permit and cessation of food establishment operation.	the Items marked "OUT" Indicated violations of 105 CMR 590.000 and when signed below by a Board of Health member or its agent constitutes ted in this report may result in suspension or revocation of the food rations. If you are subject to a notice of suspension, revocation, or non-ring before the board of health in accordance with 105 CMR 590.015(B).
Date of Reinspection: Discussion with Person-in-Charg	<del>.</del>
$\Delta 11$	
Signature of Person-in-Charge:	10 P Date: /2/18/18
Signature of Inspector:	Date:/ ) / / / / /
United the state of the state o	Date./ / / / / /

Food Establishment Inspection Report - City/Town of Date: Page 2 of Establishment: GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS IN = in compliance OUT= out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation IN OUT NA NO COS Compliance Status IN OUT NA NO COS R Compliance Status Warewashing facilities: installed, Safe Food and Water malntained, & used; test strips Pasteurized eggs used where 49 Non-food contact surfaces clean required Physical Facilities 31 Water & ice from approved source Hot & cold water available; Variance obtained for specialized adequate pressure processing methods Plumbing installed; proper backflow Food Temperature Control 51 devices Proper cooling methods used: Sewage & waste water properly adequate equipment for 52 disposed temperature control Plant food properly cooked for hot Toilet features: properly constructed, supplied, & cleaned holding Garbage & refuse properly 35 Approved thawing methods used disposed; facilities maintained 36 Thermometers provided & accurate Physical facilities installed, Food Identification maintained, & clean Food properly labeled; original Adequate ventilation & lighting; container designated areas used Prevention of Food Contamination Additional Requirements listed in 105 CMR 590.011 Insects, rodents, & animals not Anti-choking procedures in food present service establishment Contamination prevented during M2 Food allergy awareness 39 food preparation, storage and Review of Retail Operations listed in 105 CMR 590,010 display M3 Caterer 40 Personal cleanliness Wiping cioths: properly used & M4 Mobile Food Operation stored M5 Temporary Food Establishment 42 Washing fruits & vegetables M6 Public Market; Farmers Market Proper Use of Utensils Residential Kitchen: Bed-and-Breakfast Operation 43 In-use utensils properly stored Utensils, equipment & linens: Residential Kitchen: Cottage Food M8 properly stored, dried, & handled Operation School Kitchen; USDA Nutrition Single-use / single-service articles: М9 properly stored & used Program M10 Leased Commercial Kitchen 46 Gloves used properly M11 Innovative Operation Utensils, Equipment and Vending

Food & non-food contact cleanable, properly desi constructed & used	The state of the s	Local Requirements  L1 Local law or regulation  L2 Other
Type of Operation(s):  Strong Service Establishment Retail Food Store Residential: Cottage Foods Residential; Bed & Breekfast Mobile/Pushcart Temporary Food Estab.	☐ Illness Investigation ☐ General complaint	Other Information: All temps 240°F tricey 40°F, moutballs 35°F wif 20°F very clean + organized facility lunch 11°25-12°SD (3 lunch periods)
Signature of Rerson-in-Clian	Muse	Date: /2/18/18  Date: /2/18/18

MDPH gepon form - 10/5/18 version

## THE COMMONWEALTH OF MASSACHUSETTS

Taun of Dudown

	0	Board o	Board of Health				
FOOD ESTABLISHMENT INSPECTION R		Tel					
Name Alden School	5/16/18	Type of Operation(s) Food Service	Type of Inspection				
Address	Flisk /	☐ Retall	☐ Re-Inspection				
Telephone	Level	Residential Kitchen  Mobile	Previous Inspection Date:				
	HACCP Y/N	☐ Temporary	☐ Pre-operation				
TOXIK YNNO	Time	☐ Caterer☐ Bed & Breakfast	Suspect Illness General Complaint				
Dant Jaranu	In: [0]:40	bod a broaklast	☐ HACCP				
Inspector May mayo	Out:	Permit No.	Other				
ach vlolation chècked requires an explanation on the n lolated.	arrative page(s	) and a citation of spec	lfic provision(s)				
Violations Related to Foodborne Illness Interventions a Violations marked may pose an imminent health hazard an action as determined by the Board of Health.		iate corrective 590.009	•				
FOOD PROTECTION MANAGEMENT	12. Prev	vention of Contamination fro	m Hands				
1. PIC Assigned / Knowledgeable / Duties	[] 13. Han	dwash Facilities					
EMPLOYEE HEALTH	PROTECTIO	N FROM CHEMICALS					
2. Reporting of Diseases by Food Employee and PIC	🗌 14. Арр	roved Food or Color Additive	es				
3. Personnel with Inlections Restricted / Excluded	15. Toxi	c Chemicals					
FOOD FROM APPROVED SOURCE	TIME/TEMPE	RATURE CONTROLS (Potent	lally Hazardous Foods)				
<ul><li>4. Food and Water from Approved Source</li><li>5. Receiving / Condition</li></ul>	☐ 16. Coo	king Temperatures					
6. Tags / Records / Accuracy of Ingredient Statements	☐ 17. Reh	eating					
	☐ 18. Coo	ling					
_ 7. Conformance with Approved Procedures / HACCP Plans PROTECTION FROM CONTAMINATION	☐ 19. Hot and Cold Holding						
8. Separation / Segregation / Protection	20. Time as a Public Health Control						
9. Food Contact Surfaces Cleaning and Sanitizing	REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)						
10. Proper Adequate Handwashing	21. Food and Food Preparation for HSP  CONSUMER ADVISORY						
11. Good Hygienic Practices							
	[_] 22. Posi	ling of Consumer Advisories					
iolations Related to Good Retail Practices (Blue ems) Critical (C) violations marked must be corrected nmediately or within 10 days as determined by the Board	To Foodbo and Risk I	f Violated Provisions R orne Ilinesses Intervent Factors (Red Items 1-22	lons 2):				
f Health. Non-critical (N) violations must be corrected nmediately or within 90 days as determined by the Board f Health.  C N  23. Management and Personnel (FC-2)(590,003)  24. Food and Food Protection (FC-3)(590,004)	today, the 590.000/Fe by a Board order of the	der for Correction: Bas items checked indicate vi ederal Food Code. This r I of Health member or its e Board of Health. Failure	iolations of 105 CMR eport, when signed belo agent constitutes an e to correct violations				
25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.006) 27. Physical Facility (FC-6)(590.007) 28. Poisonous or Toxic Materials (FC-7)(590.008) 29. Special Requirements (590.009) 30. Other	the food es establishm have a righ and submi within 10 d	s report may result in susstablishment permit and cent operations. If aggrieunt to a hearing. Your requited to the Board of Heallays of receipt of this order.	cessation of food yed by this order, you lest must be in writing th at the above address				
Inspector's Signature Prin		MUJO	Page of n				
PIC's Signature () / / / Print	" Kelher	elnej	PageofPages				
FORM 73 A (REV. 9/2010) HOBBS & WARREN - BOSTON	Ammount Code	Annualization December 11 and 11 and 12 and	- Hluk				

Item No. Discussion With Person in Charge: Establishment Name:\_\_ Reference Code C - Critical Item
R - Red Item Spiece ania Danner Specif trans P Woods, DESCRIPTION OF VIOLATION / PLAN OF CORRECTION BOARD OF/HEALTH 407 ATC のくれい PLEASE PRINT CLEARLY ishes washed Date: 1740 ☐ Re-inspection Scheduled M Voluntary Compliance Corrective Action Required: Embargo Voluntary Disposal B Page: () No O Employee Restriction / ExclusionEmergency Suspension Emergency Closure Yes Date Verified

Food Establishment Inspection Report –  Establishment: (\text{Vevalue} \text{School}	Date:   2/18/18   Page 1 of
1) Mulling	Time In: 8:30 am Time out:
Telephone: Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors
Owner: Charwell	and Interventions (Items 1 through 29):
Person-In-charge: Linda / Kellir fin	Number of Repeat Violations Related
Inspector: May Mayol	to Foodborne Illness Risk Factors and Interventions (Ilems 1 through 29):
	S AND PUBLIC HEALTH INTERVENTIONS
	not applicable COS = corrected on-site during inspection R = repeat violation
Compliance Status IN OUT NA NO COS R	Compliance Status IN OUT NA NO COS R
Supervision	Protection from Contamination
Person-In-charge present, demonstrates	15 Food separated and protected
knowledge, and performs duties	Food-contact surfaces; cleaned &
2 Certified Food Protection Manager  Employee Health	Proper diagonalities of returned
Management, food employee and	Proper disposition of returned, 17 previously served, reconditioned &
3 conditional employee; knowledge,	unsafe food
responsibilities and reporting	Time/Temperature:Control for Safety
4 Proper use of restriction and exclusion	18 Proper cooking time & temperatures
Procedures for responding to vomiting and diarrheal events	19 Proper reheating procedures for hot holding
Good Hyglenic Practices	20 Proper cooling time and temperature
6 Proper eating, tasting, drinking, or tobacco use	21 Proper hot holding temperature
No discharge from eyes, nose, and	22 Proper cold holding temperature
mouth	23 Proper date marking and disposition
Preventing Contamination by Hands	24 Time as a Public Health Control
8 Hands clean & properly washed	Consumer Advisory
No bare hand contact with ready-to-eat food	25 Consumer advisory provided for raw / undercooked food
Adequate handwashing sinks properly	Highly Susceptible Populations
supplied and accessible	26 Pasteurized foods used; prohibited foods not offered
Approved Source	Food/Color Additives and Toxic Substances
1 Food obtained from approved source 2 Food received at proper temperature	Proof additives: approved & properly
Food received at proper temperature	21 used
unadulterated	Toxic substances properly identified, stored & used
4 Required records available: shellstock tags, parasite destruction	Conformance with Approved Procedures
	Compliance with variance / specialized process / HACCP Plan
an order of the Board of Health. Fallure to correct violations cited lestablishment permit and cessation of food establishment operation	items marked "OUT" Indicated violations of 105 CMR 590.000 and n signed below by a Board of Health member or its agent constitutes
Date of Reinspection: Discussion with Person-in-Charge:	
ol all	
000000000000000000000000000000000000000	1)12-18-18
Signature of Person in-Charge:	Date:

Date:

Food Establishment Inspection Report - City/Town of Page 2 of Date: | Establishment: GOOD RETAIL PRACTICES AND MASSACHUSETTS ONLY SECTIONS IN = in compliance OUT= out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation IN OUT N/A N/O COS R Compliance Status IN OUT NA NO COS R Compliance Status Warewashing facilities: installed, Safe Food and Water maintained, & used; test strips Pasteurized eggs used where 49 Non-food contact surfaces clean required Physical Facilities 31 Water & ice from approved source Hot & cold water available; Variance obtained for specialized adequate pressure processing methods Plumbing installed; proper backflow Food Temperature Control 51 devices Proper cooling methods used; Sewage & waste water properly 33 adequate equipment for 52 disposed temperature control Toilet features: properly Plant food properly cooked for hot constructed, supplied, & cleaned holding Garbage & refuse properly 35 Approved thawing methods used disposed; facilities maintained 36 Thermometers provided & accurate Physical facilities installed. Food Identification maintained, & clean Food properly labeled; original Adequate ventilation & lighting; container designated areas used Prevention of Food Contamination Additional Regulrements listed in 105 CMR 590:011 Insects, rodents, & animals not Anti-choking procedures in food present service establishment Contamination prevented during M2 Food allorgy awareness 39 food preparation, storage and Review of Retail Operations listed in 105 CMR 590,010 ldisplay M3 Caterer 40 Personal cleanliness M4 Mobile Food Operation WipIng cloths: properly used & M5 Temporary Food Establishment stored M6 Public Market; Farmers Market 42 Washing fruits & vegetables Residential Kitchen; Bed-and-Proper Use of Utensils Breakfast Operation 43 In-use utensils properly stored Residential Kitchen: Cottage Food Utensils, equipment & linens: Operation properly stored, dried, & handled School Kitchen; USDA Nutrition Single-use / single-service articles: Program properly stored & used M10 Leased Commercial Kitchen 46 Gloves used properly M11 Innovative Operation Utensils, Equipment and Vending Local Requirements Food & non-food contact surfaces cleanable, properly designed, L1 Local law or regulation constructed & used L2 Other Type of Inspection: Other Information: Type of Operation(s): Routine 75 Food Service Establishment Re-Inspection ☐ Retail Food Store ☐ Residential; Cottage Foods □ Pre-operational ☐ liiness investigation ☐ Residential; Bed & Breakfast ☐ General complaint ☐ Mobile/Pushcart ☐ HACCP ☐ Temporary Food Estab. □ Other □ Other Signature of Person-In-Charge:

Food Establishment Inspection Report - City/Town of Establishment: | Mundle Page Date: 12 **Temperature Observations** Item / Location Item / Location Temp (°F) Item / Location Temp (°F) Temp (°F) reachin Observations and/or Corrective Actions Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code Item Description of Violation Date to Correct By Section of Code Number leak at sink in dishrorm-repair

)	Boar	d of Health							
PORT	Tel.								
Date 5/16/16	Type of Operation(s)  Stood Service  Rotali	Type of Inspection Routine  Re-inspection							
Level	Residential Kitchen	Previous Inspection							
		Date:							
Time	Caterer Bed & Breakfast	☐ Suspect Illness ☐ General Complaint							
Out:	Permit No.	HACCP Other							
rrative page(s	and a citation of sp	pecific provision(s)							
d Risk Factor require immed	llate corrective 590.0	Non-compilance with. Choking Tobacco 109 (E) 590.009 (F) Local Law areness 590.009 (G)							
		from Hands							
🔲 13. Har	idwash Facilities								
PROTECTIO	N FROM CHEMICALS								
<ul><li>☐ 14. Approved Food or Color AddItives</li><li>☐ 15. Toxic Chemicals</li></ul>									
							TIME/TEMPE	ERATURE CONTROLS (Po	tentially Hazardous Foods)
<ul> <li>16. Cooking Tomperatures</li> <li>17. Reheating</li> <li>18. Cooling</li> <li>19. Hot and Cold Holding</li> </ul>									
							🗌 20. Tim	e as a Public Health Con	ntrol
							REQUIREME	ENTS FOR HIGHLY SUSCE	PTIBLE POPULATIONS (HSP)
							21. Food and Food Preparation for HSP		
CONSUMER	ADVISORY								
22. Pos	ting of Consumer Adviso	ries							
To Foodband Risk official Ortoday, the 590.000/F by a Board order of the cited in this the food elestablishman have a rigidal or the cited in the food elestablishman have a rigidal or the food elestablishman have a rigidal or the food elestablishman have a rigidal or the food electablishman have a rigidal or the food electable or the fo	orne Illnesses Interv Factors (Red Items 1 rder for Correction: I items checked indicat ederal Food Code. Th d of Health member or e Board of Health. Fa s report may result in stablishment permit ar nent operations. If agg ht to a hearing. Your re	entions 3-22): Based on an inspection e violations of 105 CMR is report, when signed below its agent constitutes an illure to correct violations suspension or revocation of nd cessation of food rieved by this order, you equest must be in writing							
	Risk Level  HACCP Y/N  Time In: Out: Prediction of the cited in thi the food e establishm have a right	Date   Sile							

Print: Inspector's Signature: Rrint Page\_ \_of\_\_ \_Pages BOARD OF WEALTH

Date Verified													Si	tion /	ension	ē.	
ot									nate less		Ċ		CINO DYes	Employee Restriction /	Emergency Suspension	☐ Emergency Closure	Č
AN OF CORRECTION	R16 2404	not now for			paper mares	postion wited	to and and		or of the Co			-	Corrective Action Required:	U Voluntary Compliance	☐ Re-inspection Scheduled	☐ Embargo	
Date: 7 / I/V / I.N. DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	407 JICA ( 40h		9061 XVI	4	7 0 000 0 00000	Melery - news to	7	Thrush -	the way of the								
C - Critical Item	> 21000	· Dishmachin	- Grad	- Scariff	- Darkishill	Sandy	3		The think				on in Charge:				
tem Code C-Criti													Discussion With Person in Charge:				
Item No.													Discu				

Food Establishment Inspection Report – (	City/Town of Dykhun
Establishment: N Kh h A MS/1+S	Date: 12 / 18 / 18 Page 1 of
Address: MACN ST	Time in: //)! / Time out:
Telephone: Permit No.:	Number of Violated Provisions Related
Owner: Valor	to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Person-in-charge: FUIIC MIC MAC	Number of Repeat Violations Related to Foodborne Illness Risk Factors
Inspector: The Miles	and Interventions (Items 1 through 29);
POODBORNE ILLNESS RISK FACTORS	AND PUBLIC HEALTH INTERVENTIONS
IN = in compliance OUT= out of compliance N/O = not observed N/A = not	ot applicable COS = corrected on-site during inspection R = repeat violation
Compliance Status	Compliance Status IN OUT NA NO COS R
Compliance Status IN OUT WA NO COS R Supervision	Compliance Status IN OUT NA NO COS R Protection from Contamination
Person-in-charge present, demonstrates	15 Food separated and protected
knowledge, and performs dutles	16 Food-contact surfaces; cleaned &
2 Certifled Food Protection Manager	sanitized
Employee Health	Proper disposition of returned,
Management, food employee and 3 conditional employee; knowledge,	17 previously served, reconditioned & unsafe food
responsibilities and reporting	Time/Temperature Control for Safety
4 Proper use of restriction and exclusion	18 Proper cooking time & temperatures
5 Procedures for responding to vomiting	10 Proper reheating procedures for hot
and diarrheal events	holding
Good Hygienic Practices  Proper eating, tasting, drinking, or	20 Proper cooling time and temperature
6 tobacco use	21 Proper hot holding temperature
7 No discharge from eyes, nose, and	22 Proper cold holding temperature 23 Proper date marking and disposition
mouth	24 Time as a Public Health Control
Preventing Contamination by Hands	Consumer Advisory
8 Hands clean & properly washed	Consumer advisory provided for raw /
No bare hand contact with ready-to-eat food	undercooked food
Adequate handwashing sinks properly	Highly Susceptible Populations
supplied and accessible	Pasteurized foods used; prohibited foods not offered
Approved Source	Food/Color Additives and Toxic Substances
11 Food obtained from approved source	Food additives: approved & properly
12 Food received at proper temperature	21 used
13 Food received in good condition, safe, & unadulterated	Toxic substances properly identified, stored & used
Required records available: shellstock tags, parasite destruction	Conformance with Approved Procedures
legs, parasite desiration	29 Compliance with variance / specialized process / HACCP Plan
Official Order for Correction: Based on an inspection today, the its applicable sections of the 2013 FDA Food Code. This report, when an order of the Board of Health. Fallure to correct violations cited in establishment permit and cessation of food establishment operations renewal pursuant to 105 CMR 590.000 you may request a hearing be	signed below by a Board of Health member or Its agent constitutes this report may result in suspension or revocation of the food s. If you are subject to a notice of suspension, revocation, or non-
Date of Reinspection: Discussion with Person-In-Charge:	
, , , and a state of the state	
* Telle At X	× 12/18/1.6.
Signature of Person-In-Chalde:	Date:
Signature of Inspector:	Date: /2 /18/18
MDPH report form - 10/5/18-version	111/1

Food Establishment Inspection Report - City/Town of -ms/H Duxbun Date: 1) Establishment: Page 2 of GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS IN = in compliance OUT= out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation IN OUT N/A N/O COS R Compliance Status Compliance Status IN OUT NA NO COS R Warewashing facilities: Installed, Safe Food and Water maintained, & used; test strips Pasteurized eggs used where 49 Non-food contact surfaces clean required Physical Facilities Water & Ice from approved source Hot & cold water available: Variance obtained for specialized processing methods adequate pressure Food Temperature Control Plumbing installed; proper backflow devices Proper cooling methods used: Sewage & waste water properly 33 adequate equipment for temperature control disposed Tollet features: properly Plant food properly cooked for hot constructed, supplied, & cleaned holding 35 Approved thawing methods used Garbage & refuse properly disposed; facilities maintained 36 Thermometers provided & accurate Physical facilities installed, Food Identification maintained, & clean Food properly labeled; original Adequate ventilation & lighting: container designated areas used Prevention of Food Contamination Additional Requirements listed in 105 CMR 590.011 insects, rodents, & animals not Anti-choking procedures In food present service establishment Contamination prevented during M2 Food allergy awareness 39 food preparation, storage and Review of Retail Operations listed in 105 CMR 590,010 display M3 Caterer 40 Personal cleanliness M4 Mobile Food Operation Wiping cloths: properly used & 41 stored M5 Temporary Food Establishment 42 Washing fruits & vegetables M6 Public Market; Farmers Market Proper Use of Utensils Residential Kitchen; Bed-and-43 In-use utensils properly stored Breakfast Operation Residential Kitchen: Cottage Food Utensils, equipment & linens: M8 properly stored, dried, & handled Operation School Kitchen; USDA Nutrition Single-use / single-service articles: M9 Program properly stored & used M10 Leased Commercial Kitchen 46 Gloves used properly M11 Innovative Operation Utensils, Equipment and Vending Food & non-food contact surfaces Local Requirements 47 cleanable, properly designed, L1 Local law or regulation constructed & used L2 Other Type of Inspection: Other Information: Type of Operation(s): Dishmaching 1804 funal Runs Food Service Establishment Routine adeliana- 369 mulc - moutalls - 36%, Chicken 35% ☐ Re-inspection ☐ Retail Food Store ☐ Residential: Cottage Foods □ Pre-operational ☐ Residential: Bed & □ Illness investigation Breakfast □ General complaint ■ Mobile/Pushcart □ HACCP Salistación Etime ofinspecha ☐ Temporary Food Estab. D,Other □ Other Signature of Person-in-Charge:

## THE COMMONWEALTH OF MASSACHUSETTS

DUM OF DUXBU							
	0	Board o	of Health				
FOOD ESTABLISHMENT INSPECTION RE	EPORT Tel						
Nama Duxbuy Middle School / High School Address 71 Alden 5)	Date 5/10/19 Rysk Level	Type of Operation(s) Food Service Retall Residential Kitchen	Type of inspection				
Person in Charge (PtC) (Indd.  Inspector Military (Military)	HACCP Y/N Time tn: // 'O' Out:	Mobile Temporary Caterer Bed & Breakfast	Date:  Pre-operation  Suspect Illness  General Complaint  HACCP Other				
Each violation checked requires an explanation on the na							
violated. <u>Violations Related to Foodborne Illness Interventions and Violations marked may pose an imminent health hazard and action as determined by the Board of Health.</u>	d Risk Factors	s (Red Items) Anti-Cho iate corrective 590.009	Non-compliance with:				
FOOD PROTECTION MANAGEMENT  1. PIC Assigned / Knowledgeable / Duties	☐ 12. Pre\	ention of Contamination fro	m Hands				
EMPLOYEE HEALTH	☐ 13. Han	dwash Facilities					
☐ 2. Reporting of Diseases by Food Employee and PIC	_	N FROM CHEMICALS					
3. Personnel with Infections Restricted / Excluded	* *	roved Food or Color Additive	es				
FOOD FROM APPROVED SOURCE	15. Toxi						
4. Food and Water from Approved Source		RATURE CONTROLS (Potent	lally Hezardous Foods)				
5. Receiving / Condition		king Temperatures					
☐ 6. Tags / Records / Accuracy of Ingredient Statements	<ul><li>☐ 17. Reheating</li><li>☐ 18. Cooling</li></ul>						
7. Conformance with Approved Procedures / HACCP Plans		and Cold Holding					
PROTECTION FROM CONTAMINATION		e as a Public Health Control					
8. Separation / Segregation / Protection		NTS FOR HIGHLY SUSCEPTI	RI E PODIJI ATIONS (HED)				
9. Food Contact Surfaces Cleaning and Sanitizing		and Food Preparation for I					
10. Proper Adequate Handwashing	CONSUMER		noi				
11. Good Hygienic Practices		ing of Consumer Advisories	/				
/iolations Related to Good Retail Practices (Blue tems) Critical (C) violations marked must be corrected mmediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected mmediately or within 90 days as determined by the Board of Health.  C N  23. Management and Personnel (FC-2)(590 003) 24. Food and Food Protection (FC-3)(590.004) 25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.006)	To Foodbo and Risk F Official Or today, the i 590.000/Fe by a Board order of the cited in this the food es	Violated Provisions Reprine Illnesses Intervent Factors (Red Items 1-22 der for Correction: Bastems checked indicate violated Food Code. This report may result in sustablishment permit and corrections.	ions ed on an inspection colations of 105 CMR eport, when signed below agent constitutes an e to correct violations pension or revocation of cessation of food				
26. Water, Plumbing and Waste (FC-5)(590.006) 27. Physical Facility (FC-6)(590.007) 28. Poisonous or Toxic Materials (FC-7)(590.008) 29. Special Requirements (590.009) 30. Other  Inspector's Signatury:  PIC's Signatury:  Print:	have a righ and submit within 10 d	ent operations. If aggrievent to a hearing. Your requested to the Board of Healt ays of receipt of this order RE-INSPECTION:	est must be in writing that the above address				

This Form Approved by the Massachusetts Department of Public Health

10-10-N Date Verified Emergency Suspension ☐ Employee Restriction / Exclusion **Emergency Closure** Yes. ō Other 22 P 2 J O Page: Corrective Action Required: Re-inspection Scheduled Sandwilles D Voluntary Compliance DESCRIPTION OF VIOLATION / PLAN OF CORRECTION Voluntary Disposal Embargo 1000 PLEASE PRINT CLEARLY 8 Date: BOARDOB HEALTH 200 DUED MOC 1) 20 Y Mylan HS. / Middle Setrol 100) Discussion With Person in Charge: C - Critical Item R - Red Item Establishment Name: Code Reference he a

This Form Approved by the Department of Public Health

HOBBS & WARREN, - BOSTON FORM 734B (REV. 7/2000)